

**WILLIAMSBURG DEPARTMENT OF RECREATION
VOLLEYBALL TEAM ROSTER**

Team Name _____ Uniform Color _____

Coach _____ Phone Number (H) _____

Address _____ (W) _____

City _____ (Zip) _____

League Entered _____ Season _____

	PLAYER'S NAME	ADDRESS	PHONE NUMBER	CITY CTY
1.				
2.				
3.				
4.				
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16.				
17.				
18.				

As a coach, I will support the Williamsburg Recreation Department by striving to abide by its rules and regulations, by encouraging good sportsmanship among my players, by discouraging disruptive behavior, and by supporting the sanctions imposed by the Department.

COACH

ASSISTANT COACH (If Applicable)

TEAM # _____